Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

17242

Application ID:

10064817

Title of Invention:

Cutter and Method of

Manufacture Thereof

First Named Inventor:

Nigel Griffin

Domestic/Foreign Application:

Domestic Application

Filing Date:

null

Effective Receipt Date:

2002-08-21

Submission Type:

Utility Patent Filing

Filing Type:

new-utility

Confirmation Number:

0

Attorney Docket Number:

78.1151-1

Digital Certificate Holder:

cn=Jeffery Daly, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

Certificate Message Digest:

DdHL692Qrtpr1p/4b8nmrQ==

Total Fees Authorized:

\$776.0

Payment Category:

DA - Deposit Account

Deposit Account Number:

180584

Deposit Account Name:

Jeffery E. Daly

TRANSMITTAL FORM

Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket

78.1151-

Number:

1

Submission Type: Utility Patent

Filing

Cutter and Method of Manufacture Thereof



First Named Inventor: Mr. Nigel Dennis Griffin

SUBMITTED BY

Name:

Mr. Jeffery E. Daly

Registration Number:

44,640

Electronic Signature Mark: Jeffery E

Daly

Date Signed: 20020821

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Attached Files:

declaration

78-1151-1-Dec-P1.tif

declaration

78-1151-1-Dec-P2.tif

specification

SPECIFICATION.xml

fee-transmittal

78-1151-1fee.xml

bibd-transmittal

78-1151-1apds.xml

Attached Image File(s):

78-1151-1-Dec-P1.tif

78-1151-1-Dec-P2.tif

Comments:

The drawing figures filed herein are INFORMAL. Formal drawings will be filed ina timely manner.

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DECLARATION FOI DESIGN		First Named	Inventor	Nigel Griffin				
PATENT APPL	•		COMPLETE IF KNOWN					
(37 CFR 1		Application N	umber					
	Declaration Submitted after Initial	Filing Date						
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with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Na	me					
	(adrian)			/				
My rouldence, mailing address, an I believe I am the original, first and	As a below named inventor, I hereby declare that: My routdence, mailing address, and citizanzhip are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject invator which is claimed and for which a patent is equipit on the inventor entitled.							
Cutter and Method of	Cutter and Method of Manufacture Thereof							
	n	ista of the Invention)						
the specification of which	`							
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was filed on (MIW/DD/YYYY)			Danes whiteship					
Application Number	(if analicable)							
I hereby state that I have reviewed amended by any emendment spe	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
actimowing the duty to disclose in-part applications, material informational filing date of the	activowingly the duty to declose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the research of PCT intermedianal filing date of the continuation-in-part application.							
) hereby claim foreign priority ben certificate, or 365(a) of any PCT i America, listed below and have certificate, or any PCT internation	I hereby claim foreign priority benefits under 35 U.S.C. (19(a)/(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MIM/DD/YYYY)		Certified Copy Attached? YES NO				
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	I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below,							
Aggilegition Number(s)	Filing Date	Filing Date (MM/DD/777Y)		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SE/028 attached hereto.				
(Chan 1 of 7)								

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DECLARATION	ı — Ut	ility o	r De	sign	Patent A	Application
Direct all correspondence to: Cu	stomer Numb Bar Code Lab	269	32		OR CA	orrespondence address below
Name Jeffery E. Daly				,		
Address Schlumberger Oilfie	dd Servic	es		<u>.</u>		
Address 7211 North Gessne	er ·					
Houston				Store	TX	77040
USA	T	elephone	713-	934-67	25	713-934-6609
I hereby declare that all statements mad are believed to be true; and further that made are punishable by fine or imprisor validity of the application or any patent is	most or hold	Lunder 18	. J.S.C. 10	001 and th	SK STICU MARIA C	E statement may proper
NAME OF SOLE OR FIRST INV						ed for this unsigned inventor
Cheen Name (First and middle (Famy) Nigel De	nnis			or Summe		
Invertor's May	20	K.				Darks .
Nympsfield Residence: City			Gloucestershire Country UK		curity UK	Chtzenship UK
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Maling Address Haverhill, Chi	1			1		uK
cty Nympsfield	State G)	ouccesters)	zip GL10 3UB		Country	
NAME OF SECOND INVENTOR	t:			A petiti	on has been f	iled for this unsigned inventor
Given Name (first and middle (if any)) Family Name or Sumame						
Inventor's	•					Date
Signature			Santo	,	Country	Citizenstrip
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(Page 2 of 2)

FEE TRANSMITTAL

Electronic Version 1.1.0 Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

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TOTAL FEES AUTHORIZED: \$ 776

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

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Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Authorized Name:

Jeffery E. Daly

Electronic Signature Mark:

Jeffery E. Daly

Date Signed:

20020821

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid	
Utility Filing Fee	101	\$ 740	

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 22	103	\$ 18	2	\$ 36
Independent Claims: 3	102	\$ 84	0	\$ O

Subtotal For Extra Claims Fees: \$ 36